

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 2:08cr1-MEF
DEFENDANT CEDRIC GREGORY	TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE HIPOINT, MODEL 9mmCP, 9mm PISTOL, BEARING SERIAL NUMBER P1333711
	.ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
Tommie Brown Hardwick Assistant United States Attorney United States Attorney's Office Post Office Box 197 Montgomery, Alabama 36101-0197	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-08-0010

Signature of Attorney or other Originator requesting service on behalf of <i>Tommie Brown Hardwick</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 06/02/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process No. <u>1</u>	District of Origin No. <u>1</u>	District to Serve No. <u>1</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*.

Name and title of individual served <i>(If not shown above)</i> .	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address <i>(complete only if different than shown above)</i>	Date of Service <i>6/11/08</i>	Time am <i>3:30</i> pm <i>(pm)</i>
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
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REMARKS: